

Household Identification #: _____

PROOF OF RESIDENCY IS REQUIRED
EACH TIME YOU REGISTER FOR A
SPORT OR ACTIVITY.

Registration Form

**REMEMBER:
APPLY MULTIPLE
CHILD DISCOUNT
TO FEES, IF
APPROPRIATE.**

Participant Information: *Please print in ink and fill out completely*

Parent/Guardian's Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone/Beeper _____

Address _____ Apt.#: _____ City _____ State _____ Zip _____

Secondary Guardian's Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone/Beeper _____

Address _____ Apt.#: _____ City _____ State _____ Zip _____

Participant's First & Last Name	Participant's Birth date	Current Grade	Age	Height	Sex	For Camp Only Choices (site location)	Program # 3 #'s for camp only	Program	Fee

Emergency Contact: *(other than parent or guardian)*

To be contacted if parent or guardian listed above cannot be reached.

Emergency Contact _____

Relationship to Participant _____ Work Phone _____

Home Phone _____ Cell Phone/Beeper _____

List any allergies or medications (specify which child): _____

Signature of Parent/Guardian _____ **Date** _____

Release I hereby release and agree to indemnify and hold harmless the City of Sunrise, its departments, employees, officials, volunteers and agents, against all claims arising from or resulting from participation in this activity, with my knowledge that by participating in this activity I/my child/my ward assume(s) risk of injury. I hereby permit the City of Sunrise to use/distribute any or all still and/or moving images in which I/my child/my ward appear for any use including, but not limited to: video, Web, print and multimedia applications; training or other instructional materials; advertising, commercials or other promotional materials; and all other forms of media, without compensation. Any image(s) so created shall be the property of the City of Sunrise. I also hereby give permission for me/my child/my ward to receive necessary medical treatment. I hereby certify that I am an adult, over the age of eighteen (18), and that I have read and understood this Release and that I freely and voluntarily give my consent as described above.

MasterCard _____ Visa _____

Card # _____ Expires _____ Auth # _____

Signature as it appears on the card _____

I agree to pay the above amounts listed as credit card charges according to credit card user agreements.

Refund Policy Refunds for one day programs and Kids' Day Off, Mini Camps and Holiday Camps will only be granted if requested **prior** to the start of the program. Refunds will not be granted for all other programs if requested 4 weeks or more after the start of the program or attendance has met or exceeded 50% of the program. Refunds will be pro-rated. All refund requests must be submitted in writing to Leisure